## STATE OF NEVADA MECHANICAL COMPLIANCE SECTION

## Request for an Approved Exemption In Accordance with (NAC 455C.116 or 455C.448)

Phone: (702) 486-9054 or (775) 688-3750 Fax: (702) 486-9176 or (775) 688-1664

<b>Date Exemption Requested</b>	l: Req	uested by:
Contractor, Installer or Owner of Equipment:  Location (address):  City, State and Zip code:		
Requested for:	_ Elevator ID No.:	Boiler ID No.:
Conditions:		
Reason:		
Approved		
☐ Yes ☐ No Inspector:_		Date:
<b>☐</b> Yes <b>☐</b> No Safety Super	ervisor:	Date:
Yes No Safety Mana	ager (When required):	Date:
Yes No CAO (Whe	n required):	Date:
Yes No Administra	tor (When required):	Date: